CHILD PASSENGER SAFETY TECHNICIAN TRAINING REGISTRATION FORM

PARTICIPANT NAME		TITLE	
ORGANIZATION			
WORK ADDRESS			
PHONE	FAX	E-MAIL	
HOME ADDRESS (optiona	ıl)		
HOME PHONE	HOME I	E-MAIL	
METHOD OF PAYMENT	(\$120.00):	EDIT CARD CHECK	□ PURCHASE ORDER
(If paying with credit card) CARD TYPE	CARD NUMBER _		EXP. DATE
NAME AS IT APPEARS O	N CARD		
(If paying with check or purch CHECK OR PURCHASE (hase order) Easter Seals N ORDER#	Northern Ohio	
✓ Opportunities to parti✓ Assistance in establis	ty Technician course and picipate in a variety of child shing local or agency-based	processing of certification d passenger safety activities d child passenger safety program and workshops needed for rece	
✓ A commitment to atte	ncludes course, manual ar	nd 2-year certification fee) events each year, unless other are recertification	rrangements have been made
Participant Signature		Date	
Supervisor Signature		Date	

PLEASE FAX OR MAIL TO Philomena Fisher Easter Seals Northern Ohio 226 State Route 61 E., Norwalk, Ohio 44857

REGISTRATION AND PAYMENT MUST BE RECEIVED BY May 1, 2008